Exhibit A to withdrowal Reguest REUSIVED
CENTRAL FAX CENTER
DEC 0 6 2004

DAVID A. GOTTARDO, ATTORNEY AT LAW

Patents, Trademarks, Copyrights & Other Intellectual Property Matters

918 South Kenilworth Avenue Suite 01 Oak Park, Illinois 60304

office: (708) 763-9526 fax: (708) 763-9527

web: dgottardolaw.com email: dgottardo@dgottardolaw.com

December 6, 2004

VIA CERTIFIED PRIORITY
MAIL WITH RETURN RECEIPT
No. 7004 1160 0007 2803 2980

Mr. Joseph Day, Jr. 3104 North Rutherford Chicago, Illinois 60634

Re: Withdrawal of Attorney - U.S. Patent Application Serial No. 10/722,824

Dear Mr. Day:

As discussed on Thursday, December 2, 2004, because of differences between us relating to how to approach any post-allowance action in the above application, it was agreed that I withdraw from your case. I have thus enclosed a copy of the Withdrawal Request that I submitted to the U.S. Patent Office.

Per your request, I have also enclosed your application file and Notice of Allowance with this letter. As you already know, the Patent Office requires payment of the issue and publication fees (\$985.00) and/or the initiation of other action to occur by the three month deadline of 01/31/2005. Failure to meet the deadline will result in an abandonment of your application. You thus have approximately eight weeks from the date of this letter to pay the fees and/or take other action.

If you decide to pay the issue/publication fees without taking other action (against my advice and recommendation), you will need to complete two Patent Office forms (enclosed with the Notice of Allowance attached to this letter), and submit both to the Patent Office with your payment. The two forms are as follows:

- 1) form PTOL-85 FEE(S) TRANSMITTAL; and
- 2) form PTO/SB/122 CHANGE OF CORRESPONDENCE ADDRESS.

You can obtain assistance in completing and submitting these forms by calling the Inventor's Assistance Center of the Patent Office at (800) 786-9199 or (703) 308-4357. As I have requested withdrawal from your case with the Patent Office, please do not list my name within the location of the Fees Transmittal form asking for the identification of attorney names to be printed on the front page of the issued patent.

Mr. Joseph Day

Re: Withdrawal of Attorney

Page 2 12/06/04

If you decide to take other action with regard to your allowed application, you must take such action before or with the payment of the issue/publication fees and by the 01/31/2005 deadline. You may contact the Inventor's Assistance Center at the above-recited telephone numbers regarding the proper procedures for taking such action. I highly recommended that you consult with new patent counsel in addition to contacting the Inventor's Assistance Center.

You may receive assistance in locating new patent counsel by calling the Chicago Bar Association at (312) 554-2001, the Illinois State Bar Association at (217) 525-5297, or the American Bar Association at (312) 988-5000.

As noted within the Notice of Allowance, any further inquiry concerning your patent application may be directed to the application's Examiner, Marguerite J. McMahon at (703) 308-1956, or the Examiner's Supervisor, Yuen Henry at (703) 308-1946.

I wish you success in your endeavors.

Very truly yours,

DAVID A. GOTTARDO, ATTORNEY AT LAW

By: Sal James David A. Gottardo

Encis.

Express Mailing Label No. ED 245723035 US (FAXed to (703) 872-9306)

Page 1 12/6/2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Joseph Day, Jr.

Serial No:

10/722,824

Examiner: Marguerite J. McMahon

Filed:

11/26/2003

Title:

POSITIVE PRESSURE VAPOR FUEL INJECTION SYSTEM

Art Unit 3747

LETTER OF REQUEST FOR WITHDRAWAL AS ATTORNEY (37 C.F.R. §10.40(c))

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

RECEIVED CENTRAL FAX CENTER

DEC 0 6 2004

Sir:

I, an attorney signing below and per attached form (PTO/SB/83), respectfully request permission to withdraw from all further responsibility in this case, in accordance with 37 C.F.R. §1.36.

BASIS FOR WITHDRAWAL REQUEST

Practitioner, David A. Gottardo, Esq., engaged client/applicant Joseph Day, Jr. during the first week of November, 2004. Practitioner thereafter received a first-action Notice of Allowance for the client/applicant's pending application.

Upon practitioner's review of the client/applicant's patent specification and claims, practitioner recommended that the client/applicant take a course of action in relation to the allowed application and at least prior to payment of the Issue/Publication Fees.

Despite extended discussions, practitioner and client/applicant could not reach an agreement regarding practitioner's recommended course of action.

Practitioner and client/applicant thereafter mutually agreed to the practitioner's withdrawal from the client/applicant's case. The client/applicant thus knowingly and freely assents to termination of the employment. (37 C.F.R. §10.40(c)(5)).

In further support of this withdrawal request, the practitioner states the following:

In not reaching an agreement regarding the practitioner's recommended course of action, the client/applicant insists that the practitioner engage in conduct that is contrary to the judgment and advice of the practitioner, but not prohibited under the Disciplinary Rules. (37 C.F.R. \$10.40(c)(1)(v)). To practitioner's knowledge, the present matter is not pending before a

The client/applicant renders it unreasonably difficult for the practitioner to carry out the employment effectively. (37 C.F.R. §10.40(c)(1)(iv)).

Dec. 06 2004 4:23PM

Serial No. 10/722,824
Request for Withdrawal of Attorney (37 C.F.R. §10.40(c))
Express Mailing Label No. ED 245723035 US (FAXed to (703) 872-9306)

Page 2

12/6/2004

ALLOWANCE OF TIME FOR CLIENT TO ACT

Status of the Application: Under Notice of Allowance dated 10/29/2004.

Response Due: Payment of Issue/Publication Fees (and/or other action) due 01/31/2005.

<u>Time Left for Response:</u> As of the date of this request, client/applicant has 57 days (at least 8 weeks) to pay the Issue/Publication Fees and/or take other action.

AVOIDANCE OF PREJUDICE TO CLIENT (37 C.F.R. §10.40(a))

Due Notice to Client/Applicant:

Practitioner and client/applicant mutually agreed to practitioner's withdrawal during a meeting that occurred on 12/02/2004. Client/applicant knowingly and freely assents to termination of the employment.

A copy of a letter to the client/applicant dated 12/06/2004, confirming practitioner's withdrawal, is attached to this request. (See Exhibit A). Practitioner has attached a copy of this request to the letter to the client/applicant as well.

Preservation of Rights of Client/Applicant:

To avoid prejudice to the rights of the client/applicant, practitioner has included the following information/enclosures with his withdrawal confirmation letter (Exhibit A) to the client/applicant:

- A. the client/applicant's file;
- B. a copy of the Notice of Allowance, Fee(s) Transmittal (PTOL-85) and Change of Correspondence Address (PTO/SB/122) forms;
- C. notification that payment of the Issue/Publication Fees and/or other action is due 01/31/2005;
- D. telephone numbers of the Patent and Trademark Office Inventor's Assistance Center and the respective names and telephone numbers of the Examiner and Supervisor handling the application;
- E. telephone numbers of the Chicago, Illinois and American Bar Associations to assist the client/applicant in obtaining new patent counsel, if desired; and
- F. a refund check for advanced fees paid to practitioner.

NEW CORRESPONDENCE ADDRESS

Please send all future correspondence regarding the present application to applicant's home address:

Joseph Day, Jr. 3104 North Rutherford Chicago, Illinois 60634 Ph: (773) 745-6868

Serial No. 10/722,824 Request for Withdrawal of Attorney (37 C.F.R. §10.40(c)) Express Mailing Label No. ED 245723035 US (FAXed to (703) 872-9306)

Page 3 12/6/2004

NUMBER OF COPIES OF REQUEST

This request, with attachments (form PTO/SB/83 and letter to client (Exhibit A)), is enclosed in triplicate (1 original plus 2 copies).

SIGNATURE OF WITHDRAWING PRACTITIONER

Favorable consideration of the above withdrawal is respectfully requested.

Respectfully submitted,

DAVID A. GOTTARDO, ATTORNEY AT LAW

Date: December 6, 2004

David A. Gottardo (Reg. No. 46,736) DAVID A. GOTTARDO, ATTORNEY AT LAW 918 South Kenilworth Avenue, Suite 01

Oak Park, Illinois 60304 O: (708) 763-9526

F: (708) 763-9527 Attorney for Applicant

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10

I hereby certify that on December 6, 2004, this correspondence is being:

- 1. Deposited with the United States Postal Service in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee," Mailing Label No. ED 245723035 US; and
- 2. Facsimile transmitted to the Patent and Trademark Office at (703) 872-9306.

Mailed via Express Mailing Label No. ED 345723035 US Also FAXed to (703) 872-9306

PTO/SB/83 (09-04)
Approved for use through 11/30/2003. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

The state of the s	Intermediate control units a Asile CWR course units
Application Number	10/722,824
Filing Date	11/26/2003
First Named Inventor	Joseph Day, Jr.
Art Unit	3747
Examiner Name	Marguerite J. McMahon
Attorney Docket Number	JD-001

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or [Please A + + + + + + + + + + + + + + + + + +	To: Commissions									
Please withdraw me as attorney or agent for the above identified patent application, and all the attorneys/agents of record. the attorneys/agents (with registration numbers) listed on the attached paper(s), or Plaase A+tacched Cetter) the attorneys/agents associated with Customer Number NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. The reasons for this request are: The practitioner's client knowingly and freely assents to termination of employment (37 CFR 10.40(c) (5)); The petitioner's client, renders it unreasonably difficult for the practitioner organs in conduct that is contrary to the judgement/advice of the practitioner engage in conduct that is contrary to the judgement/advice of the practitioner (10.40(c)(1)(v)). CORRESPONDENCE ADDRESS 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to: The address associated with Customer Number: OR Firm or Individual Name Joseph Day, Jr. (Applicant) Address 3104 North Rutherford City Chicago State Illinots Zip 60834 Country U.S.A. Telephone (773) 745-8888 Fax Registration No. 48 736	P.O. Box 1450	r for Patents								
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Name David A. Gottardo, Esq. Registration No. 48 736		(773) 745-6868				Fax				
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	David A. Gottardo, Esq.				Registration No.			46,736		
12/08/2004 Tolonhara M	12002004				Telephone No.			(708) 763.0536		

This collection of information is required by 37 CFR 1.35. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and autimiting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 4450, Alexanderia, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.